

CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the U.S. Postal Service as first class mail on the date indicated below in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Name of Person Mailing: BARBARA NOLAN

Signature: Barbara Nolan Date: December 15, 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Supplemental Information Disclosure Statement Address to: Commissioner of Patents PO Box 1450 Alexandria, VA 22313-1450	Inventor(s)	Hans Maag, et al
	Application Number	10/702,302
	Filing Date	November 7, 2003
	Group Art Unit	1614
	Examiner	Habte Kahsay
	Attorney Docket No.	R0151B-REG
	Title	SUBSTITUTED BENZOXAZINONES AND USES THEREOF

Sir:

Transmittal Letter for Supplemental Information Disclosure Statement

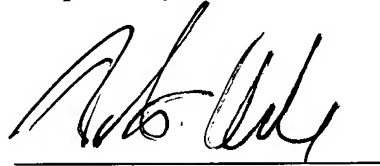
Applicants wish to bring to the attention of the Examiner a Guatemalan Office Action dated September 1, 2004 in which the attached references have been cited, for the Guatemalan application that is a counterpart of the subject application. The attached Information Disclosure Statement is filed in compliance with 37 CFR §1.56, and the documents cited therein may be material to the patentability of the subject patent application.

- [X] Attached with this Transmittal Letter are:
- (a) A copy of the Guatemalan Office Action, dated September 1, 2004;
 - (b) Form 1449, "List of References Cited," with copies of references;
 - (c) Return postcard.
- [X] The Information Disclosure Statement is being submitted before the mailing date of the first Office Action. **Therefore, no fee is due under 37 CFR 1.97(b).**
- [] Additionally, the undersigned hereby certifies under 37 C.F.R. 1.97(e)(1) that each item of information contained in the Information Disclosure Statement was cited in a communication from a foreign patent office on a counterpart foreign application not more than three (3) months prior to the filing of the Information Disclosure Statement. **Therefore, no fee is due.**

[X] Applicants believe that no fees are due. However, should this not be the case, the Commissioner is hereby authorized to charge any additional fees that may be required to Deposit Account No. 18-1700.

The Examiner is respectfully requested to consider these documents and to make them of record in the subject application.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'R. C. Hall', written over a horizontal line.

Robert C. Hall
Reg. No. 39,209
Attorney for Applicants

Roche Palo Alto
Patent Law Dept. M/S A2-250
3431 Hillview Avenue
Palo Alto, CA 94304
Direct Phone (650) 354-7540

Date: December 15, 2004



Substitute for form 1449A/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(use as many sheets as necessary)

Sheet 1 of 1

Complete if Known

Application Number	10/702,302
Filing Date	November 7, 2003
First Named Inventor	Hans Maag
Art Unit	1614
Examiner Name	Habte Kahsay
Attorney Docket Number	R0151B-REG

U.S. PATENT DOCUMENTS

Examiner Initials *	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number - Kind Code ² (if known)			
		US-			
		US-			
		US-			

FOREIGN PATENT DOCUMENTS

Examiner Initials *	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶
		Country Code ³ - Number ⁴ - Kind Code ⁵ (if known)				

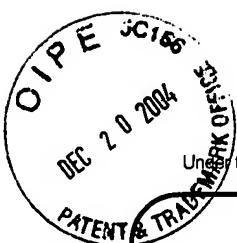
OTHER PRIOR ART -- NON PATENT LITERATURE DOCUMENTS

Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
	C1	BELLIOTTI, T.R., et al, "A Series of 6- and 7-Piperazinyl- and - Piperidinylmethylbenzoxazinones with Dopamine D4 Antagonist Activity: Discovery of a Potential Atypical Antipsychotic Agent", <i>J. Med. Chem.</i> 1999, 42(25), pgs. 5181-5187	
	C2	GUTSCHOW, M., et al, "Studies on 2-benzylloxy-4H-3,1-benzoxazine-4-ones as serine protease inhibitors:", <i>Pharmaceutica Acta Helveticae</i> , 1999, 73(2), pgs. 95-103	
	C3	KRANTZ, A., et al, "Design and Synthesis of 4H-3,1-Benzoxazine-4-ones as Potent Alternate Substrate Inhibitors of Human Leukocyte Elastase", <i>J. Med. Chem.</i> , 1990, 33(2), pgs 464-479	
	C4	SPENCER, R.W., et al., "Inhibition of Serine Proteases by Benzoxazinones: Effects of Electron Withdrawal and 5-Substitution", <i>Biochem Biophys Res. Commun</i> , 1986, 140(3), pgs. 928-933	
	C5	TAVERNE, T., et al., "Novel Benzothiazolin-2-one and Benzoxazin-3-one-Arylpiperazine Derivatives with Mixed 5HT _{1A} /D ₂ Affinity as Potential Atypical Antipsychotics", <i>J. Med Chem</i> , 1998, 41(12), pgs. 2010-2018	

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. 1 Applicant's unique citation designation number (optional). 2 See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. 3 Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). 4 For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. 5 Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. 6 Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Doc. #127288v1



Handwritten initials

PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/702,302	
	Filing Date	November 7, 2003	
	First Named Inventor	Hans Maag	
	Art Unit	1614	
	Examiner Name	Habte Kahsay	
Total Number of Pages in This Submission	55	Attorney Docket Number	R0151B-REG

ENCLOSURES <i>(check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> <ul style="list-style-type: none">• Transmittal Letter for IDS; Guatemalan Office Action; Five (5) Cited References; Return Postcard
Remarks		Applicants believe that no fees are due. However should this not be the case, the Commissioner is hereby authorized to charge any additional fees that may be required to Deposit Account No. 18-1700.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	ROCHE PALO ALTO LLC Patent Department, M/S A2-250 3431 Hillview Avenue, Palo Alto, CA 94304
Signature	Robert C. Hall, Reg. 39,209 <i>[Signature]</i>
Date	December 15, 2004

CERTIFICATE OF MAILING OR FACSIMILE			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Barbara Nolan		
Signature	<i>[Signature]</i>	Date	December 15, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. docs # 127310v1

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.